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FORM

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Total Number of Pages in This Submission: 24 plus Transmittal Form

Application Number	09,939,385
Filing Date	8/14/2001
First Named Inventor	Levine, SCOTT
Art Unit	1623
Examiner Name	TRAVISS C. McIntosh
Attorney Docket Number	

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Response to Notice of Non-Compliant Amendment (37 CFR 1.121)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	
	This is the claims presented in proper form. This is in response to Notice of Non-Compliant Amendment 37 CFR 1.121 mailed 9/9/2004	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Scott Levine MD		
Signature	<i>Scott Levine</i>		
Printed name	Scott Levine MD		
Date	9/23/04	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	<i>Scott Levine</i>	Date	9/23/04
Typed or printed name	Scott Levine MD		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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These claims are claims in proper form and are part of Amendment B submitted on 8/20/04. I understand if there is a problem with these claims the patent office will inform me and give me an opportunity to correct them.